

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 0 6

2. STATE:

Iowa

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

January 1, 2001

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1924 of the Act; Paperwork Reduction Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0

b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, page 26a;
Supplement 12 to Attachment 2.6-A, page 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supplement 12 to Attachment 2.6-A
(MS-98-12)

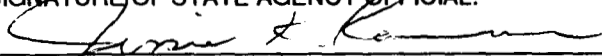
10. SUBJECT OF AMENDMENT:

Preprint changes from HCFA PM-99-1 adding provisions about posteligibility treatment of income
and resources for married people in medical institutions and a paperwork disclosure statement

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Jessie K. Rasmussen

14. TITLE:

Director

15. DATE SUBMITTED:

January 26, 2001 1-24-01

16. RETURN TO:

Director
Department of Human Services
Hoover State Office Building
Des Moines, IA 50319-0114

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

01/29/01

18. DATE APPROVED:

FEB 23 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN 01 2001

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid and State Operations

23. REMARKS:

CC:
Rasmussen
Headlee
CO

SPA CONTROL

Date Submitted 01/26/01

Date Received 01/29/01

State: Iowa

ELIGIBILITY CONDITIONS AND REQUIREMENTS

| Citation | Condition or Requirement |
|-----------------|--|
| 1924 of the Act | <p>15. The agency complies with the provisions of § 1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.</p> <p>When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:</p> <p><u> X </u> the maximum standard permitted by law;</p> <p><u> </u> the minimum standard permitted by law; or</p> <p><u> \$ </u> a standard that is an amount between the minimum and the maximum.</p> |

TN No. MS-01-6

Supersedes

TN No. None

Approval Date

FEB 23 2001

Effective Date

JAN 01 2001

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

Disclosure Statement for Post-Eligibility Preprint

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is #0938-0673. The time required to complete this information collections is estimated at 5 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HCFA, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Additional amounts are allowed in the personal allowance when:

- ◆ The person has earned income. An additional \$65 is added to the ongoing personal needs allowance from the earned income only.
- ◆ The person has home living expenses in the month of entry.
 - A single person is given an allowance for stated home living expenses during the month of entry, up to the amount the SSI benefit for a single person.
 - Spouses who enter a medical institution in the same month and whose eligibility is determined together are given an allowance for stated home living expenses during the month of entry, up to the amount of the SSI benefit for a couple.
 - Spouses who enter a medical institution in the same month and whose eligibility is determined separately are each given an allowance for stated home living expenses during the month of entry, up to one-half of the amount of the SSI benefit for a married couple. However, if the income of one spouse is less than one-half of the SSI benefit for a couple, the remainder of the allowance is given to the other spouse.
 - When the community spouse enters a medical institution in a later month, that spouse is given an allowance for stated expenses during the month of entry, up to the amount of the SSI benefit for one person.
- ◆ The person has home living expenses in the month of discharge. The person is given an allowance in the amount of the SSI benefit for one person (or for a couple, if both members are discharged in the same month). This allowance does not apply when a spouse is at home.

TN No. MS-01-6

Supersedes

TN No. MS-98-12

Approval Date

FEB 28 2001

Effective Date

JAN 01 2001